

**City of Markham**  
**Department of Building & Licensing**      ORD # 08-1912

**Contractor License Application**

Fiscal Year: May 1, 2008 – April 30, 2009

**Requirements:**

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

- Affidavit of Insurance (Certificate naming the City of Markham as holder)
- Surety Bond in the amount of \$10,000.00 (payable to the City of Markham)
- Escrow Bond (refundable \$100.00 cash/check upon request/allow 30 days via mail)
- Contractor Fee \$110.00 (regardless as to when purchased/non prorated)

**(ALL REQUIRED ITEMS MUST BE SUBMITTED TOGETHER  
BEFORE LICENSE IS ISSUED)**

LIST CURRENT PROJECT (If Applicable)	ADDRESS	NAME
-----------------------------------------	---------	------

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_ # of yrs. in business \_\_\_\_\_  
# of employees \_\_\_\_\_

Address: \_\_\_\_\_  
(No P.O. Box)

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Ph # \_\_\_\_\_ Emergency Ph. # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ (Illinois license required for Roofers & Electricians)  
(Illinois Department of Health registration is required for PLUMBING contractors)

Contact Name, Title & Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (we) affirm that the statements contained in the application are true and correct and I (we) agree to comply with all the applicable State and City laws, ordinances and regulations while working on contracts valid within the jurisdiction of the City of Markham.

Applicant Name and Title (Please Print) \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

16313 Kedzie Parkway      Markham, Il. 60428      (708) 331-4905/ext. 223      Fax (708) 331-9250